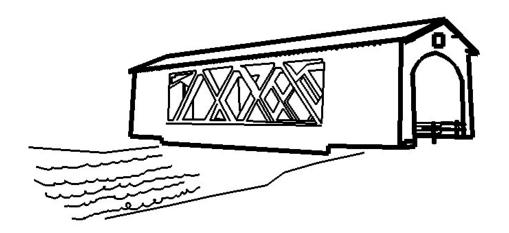
# Stayton

# Employment Application

#### Return to:

Deputy City Recorder 362 N. Third Avenue Stayton, Oregon 97383

# "An Equal Opportunity Employer"





# **CITY OF STAYTON**

THE CITY OF STAYTON is an Equal Employment Opportunity Employer. We will hire the person who is best suited for this position without giving any consideration to an individual's membership in any protected class. Please advise a City representative if you require a reasonable accommodation to participate in the pre-employment process.

All applications and supporting documentation submitted for this position will be retained until the position has been filled, at which time all applications and supporting documentation will be placed in the city's inactive files. If you wish to be considered for other positions which may become available, it will be necessary to reapply to the city.

Date of Application:		Date Available for Employment:			
Position for which	ch you are applying:				
		APPLICATION I	FOR EMPLOY	MENT	
Name: Last Other Names Us	ed:			Middle	
Address:Street			City	State	Zi <sub>I</sub>
Phone: (	_)	E-ma	il:		
□ Yes □ No	Have you worked for the Is there any reason why y (with or without a reasons)	osition with the City of State City of Stayton in the passou would be unable to perable accommodation)?  duate? High School:	ayton in the past? Vit? When?	When? the job for which you are apply	
□ Yes □ No □ Yes □ No		credits not resulting in a c	degree?		not
Applicant's N	employment). What?				_

on-the-job training programs, college de		related to the position for which you are applying (i.d experiences, certificates, licenses, etc.)	e., trade school,
Personal/Professional References: Please lis	t four persons wh	no have known you well for at least five years.	
Complete Name of Reference	Years Known	Place of Employment/Occupation	
Street Address		Employment Address	
City State Zip	Home Phone	City State Zip	Work Phone
Complete Name of Reference	Years Known	Place of Employment/Occupation	
Street Address		Employment Address	
City State Zip	Home Phone	City State Zip	Work Phone
Complete Name of Reference	Years Known	Place of Employment/Occupation	
Street Address		Employment Address	
City State Zip	Home Phone	City State Zip	Work Phone
Complete Name of Reference	Years Known	Place of Employment/Occupation	
Street Address	1	Employment Address	
City State Zip	Home Phone	City State Zip	Work Phone

### **Employment History**

What you write in this section will be used to determine whether or not you meet the qualifications outlined in the job announcement, and your employment history will be considered in determining your suitability for employment. Clearly describe all of your duties, starting with your most recent job.

### Current or most recent position.

Employer:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (circle one)
		Yes No
Specific Duties:		Starting Salary: \$
		Last Salary: \$
		Employed From (mo/yr)
		To (mo/yr)
		Reason for Leaving:
Employer:	Employer's Address:	Employer's Phone Number:
Your Job Title:	Supervisor's Name and Title:	Full Time (circle one)
		Yes No
Specific Duties:	Starting Salary: \$	
		Last Salary: \$
		Employed From (mo/yr)
		To (mo/yr)
		Reason for Leaving:

Applicant's Name:

# **Employment History Continued**

Employer:	Employer's Address:	Employer's Phone Number:	
Your Job Title:	Supervisor's Name and Title:	Full Time (circle one)	
		Yes	No
Specific Duties:		Starting Salary: \$	
		Last Salary: \$	
		Employed From (mo/yr)	
		To (mo/yr)	
		Reason for Leaving:	
Employer:	Employer's Address:	Employer's Phone Number:	
Your Job Title:	Supervisor's Name and Title:	Full Time (circle one)	
		Yes	No
Specific Duties:		Starting Salary: \$	
		Last Salary: \$	
		Employed From (mo/yr)	
		To (mo/yr)	
		Reason for Leaving:	

Attach additional sheets if more space is needed.

Applicant's Name:	Page 5 of 6

If you are applying for a position that requires driving, please answer the following questions:
☐ Yes ☐ No Do you have a valid Oregon driver's license? License Number:
How many reportable accidents have you had in the last five years?
How many moving violations have you had in the past five years?
APPLICANT CERTIFICATION AND RELEASE
I hereby certify that all information provided on this application and any supporting documentation is true and complete and authorize a complete investigation of my background and information provided here. I agree that, if hired, I may be discharged if the City of Stayton at any time learns of any falsification or material omission in the information I have provided and, if discovered price to hire, that I will be ineligible for consideration not only for this position but for future positions as well. I authorize the City of Stayton to contact my current and former employers and educational institutions listed on this form. All references are authorize to release to the City of Stayton all information requested concerning my employment or association with them. I hereby release a references listed and the City of Stayton from any liability which might be claimed because of information provided by my reference
I agree that, if hired, I will follow all city policies, rules, procedures, and all other lawful directions. I understand I may terminate m
employment with the city at any time and for any reason without prior notice. I agree that, if I am hired, I will be employed at the wi of the City of Stayton, and my employment can be terminated at any time, with or without notice, for any reason sufficient in the judgment of the city to justify termination subject to applicable labor agreement.
I understand that the City of Stayton is committed to the promotion of safety and high employee performance standards, productivity and reliability. In order to achieve this, all finalists for this position may be subjected to a drug test prior to hire to assure the city the the applicants do not currently have unlawful narcotics, sedatives, stimulants, or any other controlled and/or mood altering substance in their bodies. I understand that if I have any such substance in my body at the time of the drug test, I will not be hired for the position for which I am applying. I further understand that, if hired, at any time during my employment with the city my supervisor or any other manager may require, as a term and condition of continued employment, a substance test if they have reasonable cause to suspect the I am under the influence of any substance which might result in harm to myself or to others. I further agree to undergo a physical examination, at city expense, if at any time the city makes such a request.
I further understand that if I am selected as a finalist for this position, the City of Stayton may conduct an investigation of crimina convictions. I understand that I will not automatically be excluded from consideration if I have been convicted of a crime; that me suitability for the position for which I am applying will be evaluated based on the totality of circumstances which will include the nature of the crime, the recency of the conviction, the position for which I am applying, and other considerations.
I understand that the City of Stayton reserves the right to add to, change, and/or delete its policies, procedures, work rules, and benefits at any time and that no one in the city has the authority to enter into any agreement, for any particular period of time contrary to the above terms, unless that agreement is set forth in writing and is signed by the mayor and city administrator of the city
I have read and agree to the preceding applicant certification and release, and I understand a copy shall be as valid as the original.
Date: Applicant's Signature:
Applicant's Name: Page 6 of 6

# **Affirmative Action Data**

The information you provide on this supplement will be utilized by the City of Stayton for affirmative action purposes only. Completion of this form is voluntary and information provided will be kept in a confidential file separate from the application form.

Position Applied For :			Today's Date:	
		Ethnic Category		
White (not of Hispan or the Middle East.	White (not of Hispanic origin) - Those having origins in any of the original peoples of Europe, North Africa or the Middle East.			
Black (not of Hispani	c origin) - Those ha	ving origins in any of the black rac	ial groups of Africa.	
<b>Hispanic</b> - Those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.				
Asian or Pacific Islan Indian Subcontinent o			ples of the Far East, Southeast Asia,	
American Indian or Alaskan Native - Those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.				
		T		
Sex:	☐ Female	Veteran: Are you a veteran of th	e U.S. Military Service?	□No
Are you disabled?	☐ Yes	□ No If yes, please explain:		